

Form RS-1  
Uniform Application for Single State Registration  
for Motor Carriers operating under authority  
issued by the Interstate Commerce Commission

MOTOR CARRIER IDENTIFICATION NUMBERS:

ICC MC No :                      US DOT No :                      FEIN :  
Phone :                      Fax # :

APPLICANT (Identical to name on ICC order):  
and PRINCIPAL PLACE OF BUSINESS ADDRESS:

Name  
D/B/A  
Street  
City

MAILING ADDRESS (If different from Business Address above):

Street : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_

TYPE OF REGISTRATION:

- ☐ New Carrier Registration - The motor carrier has not previously registered.  
☐ Annual Registration - The motor carrier is renewing its annual registration.  
☐ New Registration State Selection - The motor carrier has changed its principal program. The prior registration state was \_\_\_\_\_.

TYPE OF MOTOR CARRIER: (Check one)

- ☐ Individual      ☐ Partnership      ☐ Corporation

If corporation, give state in which incorporated : \_\_\_\_\_

List name of partners or officers:

Name : _____	Title : _____
Name : _____	Title : _____
Name : _____	Title : _____

TYPE OF ICC REGISTERED AUTHORITY:

- ☐ Permanent Certificate or Permit      ☐ Temporary Authority (TA)  
☐ Emergency Temporary Authority (ETA)

TYPE OF MOTOR CARRIER OPERATION: (Check one)

- ☐ Transporter of PROPERTY - Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.  
☐ Transporter of PROPERTY - Using only freight vehicles with a gross vehicle weight rating of less than 10,000 pounds.  
☐ Transporter of PASSENGERS - Using vehicles with a seating capacity of 16 passengers or more.  
☐ Transporter of PASSENGERS - Using only vehicles with a seating capacity of 15 passengers or less.

\* A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains its operational records.

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ICC CERTIFICATE(S) OR PERMIT(S):

- ☐ ICC Authority Order(s) attached for first year registration.
- ☐ ICC Authority Order(s) attached for additional authority received.
- ☐ No change from prior year registration.

PROOF OF PUBLIC LIABILITY (PL/PD) SECURITY: (Check only one block)

- ☐ The applicant or its insurance company will file a copy of its proof public liability security to the registered state.
- ☐ The applicant or its insurance company has filed a copy of its proof public liability security to the registered state and the insurance coverage as stated on that form remains in effect.
- ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the ICC order. A copy of the ICC insurance order is attached or has previously been filed with the registration state.

HAZARDOUS MATERIALS: (Check One)

- ☐ The applicant will NOT haul hazardous materials in any quantity.
- ☐ The applicant will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance in accordance with Title 49 CFR 1043.2.
- ☐ The applicant will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance in accordance with Title 49 CFR 1043.2.

PROCESS AGENT:

- ☐ ICC Form No. BOC-3 or blanket designation attached for new registration.
- ☐ ICC Form No. BOC-3 or blanket designation attached reflecting changes of designation of process agent.
- ☐ No change from prior year registration.

CERTIFICATION:

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf applicant. (Penalty provisions subject to the laws of the registration state.)

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_

REGISTRATION RECEIPT ORDER FORM (FORM RS-2)

Name:

ICC No:

Principal place of business: Illinois

Transporting: ☒ Property ☐ Passenger - Reg. Route ☐ Passenger - Charter

Receipts ordered are for: ☒ 2001 ☐ 2002

(A) State Name	(B) Vehicles	(C) Fee	(D) Total Fees (BxC)
Alabama	AL	6.00	
Arkansas	AR	5.00	
California	CA	0.00	
Colorado	CO	5.00	
Connecticut	CT	10.00	
Georgia	GA	5.00	
Idaho	ID	2.00	
Illinois	IL	7.00	
Indiana	IN	0.00	
Iowa	IA	1.00	
Kansas	KS	10.00	
Kentucky	KY	10.00	
Louisiana	LA	10.00	
Maine	ME	8.00	
Massachusetts	MA	1.00	
Michigan	MI	0.00	
Minnesota	MN	0.45	
Mississippi	MS	10.00	
Missouri	MO	0.00	
Montana	MT	5.00	
Nebraska	NE	0.50	
New Hampshire	NH	10.00	
New Mexico	NM	10.00	
New York	NY	10.00	
North Carolina	NC	1.00	
North Dakota	ND	10.00	
Ohio	OH	5.00	
Oklahoma	OK	7.00	
Rhode Island	RI	8.00	
South Carolina	SC	5.00	
South Dakota	SD	5.00	
Tennessee	TN	8.00	
Texas	TX	0.00	
Utah	UT	6.00	
Virginia	VA	10.00	
Washington	WA	10.00	
West Virginia	WV	3.00	
Wisconsin	WI	5.00	
TOTAL OF ALL STATES FEES			

CERTIFYING STATEMENT AND SIGNATURE: I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. Signature below authorizes the Illinois Commerce Commission to lower the amount of the check if fees submitted exceed the correct amount.

Signature \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_